WEARDALE

Rural District Council.

Annual Report

OF THE

Medical Officer of Health,

FOR THE YEAR, 1919

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WEARDALE RURAL DISTRICT.

REPORT OF MEDICAL OFFICER OF HEALTH FOR 1919.

To the Chairman and Members of the Weardale Rural District Council.

GENTLEMEN,

I herewith submit my Annual Report for 1919, along with statistics for the period.

The area of the district is 97,753 acres. For a description of its general natural and social conditions I beg to refer you to my Report for 1914. The population at the 1911 census was 9,651. For statistical purposes, I am directed by the Registrar-General's department, to reckon the population for 1919 at 8,943 for birth-rate purposes and 8,585 for death-rate purposes, but I can only do so under protest, for I do not think the figures are at all correct. There has not been this decrease in our permanent population since 1911, nor were so many men absent on military service as the figures indicate. There has been both agricultural prosperity and plenty good employment in mines and quarries, so that there was not the same tendency to migrate to towns and colliery districts as we have sometimes seen. Money has been plentiful here as throughout the country generally, but the prevailing high prices and industrial unrest have militated against contentment and happiness. In 1911 there were 2,255 inhabited houses with an average of 4·3 inhabitants per house.

Infectious Disease.

The notifications received were as follows :—

Measles	101
Scarlet Fever	20
Diphtheria	11
Pneumonia	9
Encephalitis Lethargica ...	2
Cerebro Spinal Fever ...	1
Total ...	144

The measles cases occurred mainly as an epidemic in St. John's Chapel neighbourhood during the summer, and to a less extent at Thornley. Only one case was fatal.

During the autumn we had an outbreak of scarlet fever about Cowshill (11 cases). This was due to two children who had had the disease mildly and who had not been medically attended, playing about whilst in the peeling stage with neighbour children. No further cases occurred after I got these two children safely isolated in hospital. Fifteen cases of scarlet fever were removed to hospital during the year.

The few cases of diphtheria were mostly sporadic. At Holywood Sanatorium two cases of diphtheria occurred during the second quarter and I saw them then at the request of the Medical Superintendent. I had them removed to hospital and gave all the contacts a prophylactic injection of antitoxin in addition to arranging for their isolation. Two other cases of diphtheria from the district were removed to hospital.

Pneumonia is now a notifiable disease. There can be but few medical men who have not seen instances of its infectiousness. Six of the cases notified were of the influenzal type at Rookhope in April.

The two cases of encephalitis lethargica were fatal and occurred one at Hope House, Stanhope, and the other at Frosterley. The diagnosis was made on clinical grounds only. I was courteously asked to see the former case in consultation and agreed with the diagnosis. There was no bacteriological confirmation.

The solitary case of cerebro-spinal fever was at Frosterley and terminated fatally. Here also the diagnosis was clinical and not bacteriological.

Disinfection of 20 houses and 3 schools was carried out under your Inspector's supervision.

During the early part of the year all the elementary schools in the county were kept closed for a period owing to the prevalence of influenza. In April I asked the County Authorities to again close Rookhope school on account of influenza and pneumonia being prevalent there. The Schools at St. John's Chapel, Wearhead and Thornley were closed for a period during the summer on account of measles and were fumigated before re-opening.

Tuberculosis.

I received notification of 7 cases during the year. Some of these notifications came only shortly before the death of the patient. The county tuberculosis authorities are put in touch with every case after it is notified to me, and any help that can be given in the way of sputum flask, disinfectants, visits from health visitor, arrangements for sanatorium or dispensary treatment, is then available. Tuberculosis accounted for 5 deaths during the year, giving a tuberculosis death-rate of ·7 per 1,000.

No appreciable diminution in the incidence of tuberculosis has yet been effected by the provision of sanatoria. These institutions can never eradicate the disease, though we must admit their usefulness in teaching the patient how to live healthily and so tone up his constitution as to be better able to fight the disease. No one can be satisfied that our present schemes for the control of tuberculosis are giving an adequate return for the time, money, and energy spent on them. Other individuals are constantly being infected by pre-existing cases. In other words, we are not controlling the disease. Sanatoria tuberculin treatment, graduated exercises, extra feeding, etc., are all useful in their way, and may patch up some damaged lives, but the actual gain to the community is infinitesimal and of little moment. Improved housing and hygienic education are steps in the right direction

but the essential requirement is the complete isolation or segregation of infectious cases so as to render the infection of other individuals impossible. The objections to this, and the difficulties in the way, are many, but not in my opinion insuperable. Until this is effected and all infected houses done away with, I fail to see how we are to get the disease exterminated.

Bacteriological Examinations.

Bacteriological examinations to assist in the diagnosis of enteric fever, diphtheria, and tuberculosis are carried out under the auspices of the County Council and are available for all medical practitioners. The results of some 23 such examinations from this district were reported to me during the year.

Housing.

A considerable amount of time has been devoted to inspection and re-inspection of houses at Wolsingham, Rookhope and Crawleyside. The number of first inspections made was 110 and of re-inspections 80. If any real good is to come from this work the Council must keep in touch with it and give attention to the necessary instructions for repair or improvement, otherwise it is going to be labour in vain. We have not got that great shortage of houses which is so common in other districts at present. But, as I pointed out to you in my 1918 Report, many of the houses are far from satisfactory, although, perhaps hardly bad enough to be condemned. The delay in carrying out the proposed building schemes in Wolsingham and Rookhope owing to the exorbitant cost is unfortunate, because in each of these places there are existing houses that should be condemned were there other dwellings available. Existing houses should be maintained by the owners in good repair. If it is found to be economically impossible in view of the high price of material and labour to do this, then the owner should be allowed to charge a higher rent. Every tenant has a right to expect at least a dry house and decent sanitary accommodation.

The only plans for new houses passed by the Council were for two excellent dwellings at Tunstall for Mr. Featherstone Fenwick, and for a converted army hut at Crawleyside for a N.E.R. employee.

Infant Mortality.

There were 15 deaths of infants under 1 year of age, giving an infantile death-rate of 135 per 1,000 registered births. This is too high and compares unfavourably with our 1918 rate of 43 per 1,000. One third of the infantile deaths were illegitimate children.

Vital Statistics.

The births numbered 135 and of these 15 were illegitimate. The birth-rate was 15 per 1,000 which is too low, the general birth-rate for the year throughout England and Wales being 18.5 per 1,000.

There were 152 deaths, equivalent to a death-rate of 17.7 per 1,000, which also compares unfavourably with a rate of 13.8 per 1,000 throughout England and Wales.

The appended table shows the rates for the preceding five years.

	BIRTH-RATE.	DEATH-RATE.
1914	18.5	14.5
1915	19.8	13.6
1916	17.2	16.4
1917	14.4	15.6
1918	17.3	14.3
1919	15	17.7

Water Supplies.

These were fairly satisfactory. Wastage, which is a serious matter in droughty weather, seems to be inevitable at the public stand-pipes supplying the villages so long as the ordinary type of tap is in use. So many people will not rightly value and appreciate what they get for nothing. The Council is responsible for the water supplies of 17 villages and hamlets. Wolsingham is supplied by the Weardale and Consett Water Co., Ltd.

Sewerage and Sewage Disposal.

The town of Wolsingham and 13 smaller villages are sewered by the Council. The purification of the sewage is effected by schemes of land filtration and these have worked satisfactorily.

The question of providing sewerage for the upper end of Rookhope, on the north side of Boltsburn, should be carefully considered by the Council. There are at present several old drains discharging openly through the wall into Boltsburn which constitute a nuisance.

Food.

The milk sold in the district is all retailed by small farmers, there being no dairy shops and no imported milk. The cow-byres are on the whole much more satisfactory now than was formerly the case. But greater care should be taken in regard to cleanliness of the milkers' hands, of the utensils, and of the cows. Dusty rafters etc., from which countless germs fall into the milk pails, are too common.

Practically all the bread eaten is home-made and there are no ordinary bake-houses.

In April a consignment of chilled beef which had gone putrid came into the dale and was distributed to various butchers. I paid special visits to Wolsingham (2), Cowshill, Wearhead, Daddryshield and Ireshopeburn in connection with this putrid beef and ordered 13 quarters of it to be destroyed as unfit for human food.

General Sanitary Matters.

Necessary notices in regard to nuisances under Public Health Acts were served by your Inspector in 26 instances. These included over-full ash-pits and privies (4), drainage defects (9), water supply defects (4), defective yard paving (1), animals improperly kept (1), and other nuisances (7).

Requirements.

The Council should give attention to the following items :—

The provision by the Joint Hospital Committee of accommodation for enteric-fever.

The question of having a part-time scavenger for Frosterley.

The shocking condition of the roadway at Croft Terrace, Frosterley.

I am, Gentlemen,

Your obedient Servant,

JAS. BANNERMAN, M.B.

Weardale Rural District, 1919.

	Causes of Death.	Males.	Females.
	All causes (Civilians only)	78	74
1	Enteric Fever		
2	Small-pox		
3	Measles	1	
4	Scarlet fever		
5	Whooping cough		
6	Diphtheria and croup	1	
7	Influenza	5	3
8	Erysipelas		
9	Pulmonary tuberculosis	4	
10	Tuberculous meningitis		
11	Other tuberculous diseases	1	
12	Cancer, malignant disease	8	7
13	Rheumatic fever		1
14	Meningitis		1
15	Organic heart disease	9	6
16	Bronchitis	1	5
17	Pneumonia (all forms)	5	3
18	Other respiratory diseases	2	3
19	Diarrhœa, &c., (under 2 years) ...	1	1
20	Appendicitis and typhlitis		
21	Cirrhosis of liver		1
21A	Alcoholism		
22	Nephritis and Bright's disease ...	2	4
23	Puerperal fever		
24	Parturition, apart from puerperal fever		
25	Congenital debilty, &c.	4	3
26	Violence, apart from suicide	4	1
27	Suicide	2	
28	Other defined diseases	26	35
29	Causes ill-defined or unknown ...	2	
	Special Causes (included above)		
	Cerebro-spinal fever		1
	Poliomyelitis		
	Deaths of infants under 1 year of age.		
	Total	10	5
	Illegitimate	4	1
	Total Births.	73	62
	Legitimate	65	55
	Illegitimate	8	7

Population estimated for birth-rate 8943

Population estimated for death-rate 8585